Yes No X	child because	sactions, or liabilities of a spouse or dependent child because	ned" income, tran	is report any other assets, "unea	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit they meet all three tests for exemption?
Yes No X	trusts" need not	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	tee on standards fiting you, your sp	nd Trusts" approved by the Commreport details of such a trust ben	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Condube disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
JESTIONS	OF THESE QL	MATION — ANSWER EACH OF THESE QUESTIONS	ST INFOR	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, I
vered and the Yes" response.	must be answ ed for each "\	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	orting period?  Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	child purchase, sell, saction exceeding Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No X	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.		nild receive "unearned" period or hold any the end of the period?  Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	<b>₹</b>	a donation to charity in be, or article in the <b>Yes</b>	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No 💢	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No U	come (e.g., salaries or the reporting period? Yes	I. Did you or your spouse have "earned" income (e.g., salaries of fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	ON — ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty against anyone 30 days late.	te Employing Office:  Termination Date:	Officer or Employee	tives District:  Amendment	Status Member of the U.S.  Status House of Representatives  Report Annual (May 15)
SECCURE CENTES  -8 PM 3: 25  -(PMS) HERONIUS	PONO NAY -8 PA	303-32 5-2132 (Daytime Telephone)		ame) S	) Nac
HAND DELIVERED	AND DE	Form A For use by Members, officers, and employees		OF REPRESENTATIVES URE STATEMENT porting Period	2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), tederal retirement programs, and benefits received under the Social Security Act.

Exercise: williary pay (such as national outlier of neserve pay), lederal remember programs, and benefit	netiellis received utiber the Social Security Act.	cully Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
State of Oklahoma	2	1679.00

Columbia Acorn Auro	American Park Water Day	T. Rowe Price Blue ChioGom	1. Rowe Price Emerging Mustet	Union Bank	JT 1st Bank of Paducah, KY Accounts	! !	SP, SP Mega Corp. Stock	period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income intormation on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).	BLOCK A  Asset and/or Income Source
× >		*	*	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$50,000,000 \$00,001 - \$50,000,000 \$1,000,001 - \$50,000,000	A B C D E F G H I J K L	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	BLOCK B  Value of Asset
*	*	*	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm	m Income)	1 2002-322-022	BLOCK C  Type of Income
* 7	*	*	×	*	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	IX X XI IIIV IIV V V V III II II II	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.	BLOCK D  Amount of Income
							S (partial)		If only a portion of an asset is sold,	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.	Transaction

Name
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ne fallin

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Examples: Chicago Chamber of Commerce Roycroft Corporation	Lave uppring pass unissuit						
Date(s)	Mar. 2 Aug. 6–11							
City of Departure—Destination— City of Return	DC—Chicago—DC  DC—Los Angeles—Cleveland	De-Israel - De						
Lodging?	≺ Z	Y						
Food? (Y/N	≺ z	~						
Was a Family Member Included? (Y/N)	≺ Z	Y						
Number of days <u>not</u> at sponsor's expense	None 2 Days	hone						